

# Placement Verification Form



The below named former Job Corps student has informed us that (s)he is either in the armed forces, employed or attending school at your location. Job Corps, a federally funded program, administered by the US Department of Labor, requires that we obtain written confirmation of Military/Job/School placement for all program graduates. Therefore, we are respectfully requesting that you complete and sign the appropriate sections of this form and submit it to us at the address or fax number provided below within 72 hours of its receipt. By providing us with this requested information, many of our graduates may receive a placement incentive.

**THANK YOU FOR ASSISTING US IN HELPING TODAY'S YOUTH!**

## RELEASE AUTHORIZATION

I, \_\_\_\_\_, do hereby authorize employers, schools, and/or branches of the military to provide Job Corps with relevant information and hereby release any such employer, school, or military branch from any and all liability which they might otherwise incur as a result. I also hereby authorize Job Corps to use my social security number to obtain this information.

Signature:

SSN:

Separation Date:

## PLACEMENT ENTITY'S GENERAL INFORMATION FOR ARMED FORCES, EMPLOYER AND SCHOOL

Company/School Name:

Address:

City/State/Zip:

Telephone Number:

## FOR EMPLOYMENT/MILITARY VERIFICATION, PLEASE COMPLETE THE FOLLOWING:

Employment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Hourly Wage: \$ \_\_\_\_\_

Hourly Tips/Commission: \$ \_\_\_\_\_

Job Title/Rank: \_\_\_\_\_

Job Duties:

Number of hours actually worked per week (within seven consecutive days): \_\_\_\_\_

Please complete one:

☐ Part time (20 hours or more per week)

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total hours: \_\_\_\_

e.g. 7/1/03 to 7/7/03

Total hours: 22

☐ Full time (32 hours or more per week)

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total hours: \_\_\_\_

## FOR SCHOOL VERIFICATION, PLEASE COMPLETE THE FOLLOWING:

Please attach a copy of an attendance or absence record, if available.

Class Start Date:

Expected Duration:

If GED, High School or Vocational Training Program, how many hours in class per week (within seven consecutive days): \_\_\_\_\_

If college, how many credit hours taken per quarter/semester: \_\_\_\_\_

## VERIFYING INDIVIDUAL'S INFORMATION: TO BE COMPLETED BY ARMED FORCES, EMPLOYER, OR SCHOOL REPRESENTATIVE

Please include a copy of your business card, letterhead or stamp/seal with this form to validate

Printed Name:

Signature:

Title:

Date Signed:

Please affix your stamp or official seal here:

Career Transition Specialist